

**Application Data Sheet****Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**ENHANCED-PERFORMANCE SOUND SOURCE  
SPATIALIZATION SYSTEM**

Attorney Docket Number::

**62834 (4590-365)**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

**4**

Total Drawing Sheets::

**4****Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Eric**

Middle Name::

Family Name::

**SCHAEFFER**

Name Suffix::

City of Residence::

**Le Bouscat**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**34 rue de Pressensé**

City of Mailing Address::

**Le Bouscat**

Postal or Zip Code::

**33110**

Applicant Authority Type:: **Inventor**  
 Primary Citizenship Country:: **France**  
 Status::  
 Given Name:: **Gérard**  
 Middle Name::  
 Family Name:: **REYNAUD**  
 Name Suffix::  
 City of Residence:: **Bordeaux**  
 State or Province of Residence::  
 Country of Residence:: **France**  
 Street of Mailing Address:: **78 rue David Johnston**  
 City of Mailing Address:: **Bordeaux**  
 Postal or Zip Code:: **33000**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
 Phone Number:: **(703) 684-1111**  
 Fax Number:: **(703) 518-5499**  
 E-Mail Address::

### **Representative Information**

Representative Customer Number::  
**Representative Designation:: Registration Number:: Representative Name::**  
*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>02 08265</b>	<b>July 2, 2002</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **THALES**  
Street of Mailing Address:: **45 rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92200**